CONSERVATION OF MAN POWER: ALCOHOLISM IN THE INDUSTRIAL POPULATION

A CHALLENGE TO THE MEDICAL PROFESSION*

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'We can describe the rapid expansion of Industry in South Africa as phenomenal particularly when we consider the many environmental difficulties with which our young industries have to contend. Many of our industries still require assistance and advice and much practical help in dealing with the numerous human problems which crop up daily. Men and women have been forced to adapt themselves to exacting new conditions in a short time, and this has often led to mental conflict which can, however, be minimized by sympathetic treatment.

'The problem of alcoholism arises in thousands of homes, and thus also in Industry, which has developed essentially to serve our people and increase their well-being.

Dr. H. J. van Eck[1]
Chairman, Industrial Development Corporation of South Africa.

Industry in South Africa has seen the writing on the wall, and has taken heed of the warning[1] that alcoholism is encroaching on its most valuable asset, the industrial population. Nevertheless, there still exists much apathy and misunderstanding on the part of the medical profession in this region. Industry has thrown out a challenge to the medical profession, and the ball has been tossed at the feet of the general practitioners, who as front-rankers have the option of either burying their heads in the sand like the proverbial ostrich and avoiding the responsibility of coming to grips with this chronic, relapsing, at-the-moment incurable, and most frustrating disease, or tackling the problem and applying the knowledge and skill with which as a profession they are adequately equipped.

It has been argued that the individual doctor is unable to deal with the alcoholic. This is far from correct for, once the doctor is intellectually convinced that alcoholism is a disease, the battle is more than half won, and alcoholism takes its place as a medical entity with the other recognized diseases, and is treated as such.

Moore[2] aptly censures the doctor. He says: 'Too often the reproaches of the patient's family and friends (and employer)[3] are repeated by his doctor, who lends the weight of his authoritative position to threaten the patient with dire sequelae, both physical and mental, of his continued intemperance. If one is to treat alcoholism successfully, it is necessary to feel as well as believe that the patient is ill. To extend sympathy and understanding to an alcoholic, at first requires a conscious effort. The practitioner who bristles with righteous indignation and upbraids and exhorts his patient does as much harm as his more urbane colleague who evades the issue and tells his patient to "ease up", "cut out spirits", "stick to beer", "nothing before six". Addiction is a chronic illness and treatment must be on a long-term basis.'

The general practitioner in his own practice can do much to alleviate the lot of the alcoholic in various ways, such as appreciating and understanding the intimate problems that arise in the environment of the alcoholic. To the alcoholic these problems, however remote they may appear to others, are very real and, in addition, the guilt that he is made to feel for his condition only accentuates his problems and makes them still more difficult to cope with. However, the field of the lone practitioner, owing to his lack of resources, must perforce be limited, and this is where the group or unit plays its part[4] because, for the very reason that it is composed of a number of people all working towards the same end, it must have a wider scope of operation. An example of such a group is the Conservation of Man Power Unit, which is concerned with the problem of alcoholism.

THE CONSERVATION OF MAN POWER UNIT

This unit has approached the problem of alcoholism from the industrial point of view; the foundation on which the approach is built is essentially good Labour and Management relationship in active cooperation[5]—a fundamental concept in human relationship[6] as applied to Industry. In this approach, both Labour and Management collaborate in the 'treatment' of the patient—Management by giving the worker the necessary amount of time-off daily to attend the rehabilitation unit, by encouraging him to accept therapy, and by taking an interest in him and his problems.

As the unit is concerned with the worker in Industry, and is thus industrially biased, it follows that the first consideration is to 'keep the worker on the job' in useful employment as far as possible. This keeps the worker in contact with his fellow workers and in his own 'group'—an essential aspect of therapy. Furthermore, the keeping of a worker employed prevents him and his dependants from becoming a burden both to the State and to themselves, and tends to turn them from a liability to an asset—an important factor in the maintenance of the worker's morale and self-respect.

Labour, in the form of the Staff Association or Trade Union, should take an active interest in their fellow worker or fellow member, by ensuring that he attends daily to receive his therapy, and that the difficulties encountered in the work-environment are ironed out where possible. Let us suppose, for example, that the worker is a commercial traveller; it may be necessary for a time to keep him near his headquarters rather than further afield. With a transport worker—say a bus driver or conductor—it may be advisable at times to arrange a change of shift until he is able to cope with normal duties. It is imperative, also, for these Labour organizations to take a keen and real interest in the welfare of the worker in his domestic environment.

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Finally it is necessary for both Labour and Management to maintain good relationship and industrial harmony: such a symbiosis is essential in the interest of the individual worker, as well as in Industry as a whole.

Although medical therapy plays an important part in the concept, yet by itself it is inadequate. In order to be effective, treatment at the moment falls into three divisions, viz. (1) the medical division, (2) the psychological division, with its sub-division, 'welfare and social relations', and (3) the financial counselling division.

THE MEDICAL DIVISION

Alcoholism is a disease, a disease as real and as badly in need of treatment and understanding as any purely physical illness. This is an aspect that is constantly stressed during therapy, since the unit is concerned mainly with the physical rather than the moral aspect of drinking.

The alcohol-addicted individual very often does not seek treatment until his physical and mental conditions become a source of extreme worry to him and his intimates. Occasionally he may try to do something about his drinking before he becomes completely incapacitated but usually it is only when malnutrition and other conditions brought about by the excessive taking of alcohol lay him low that a general practitioner is hastily summoned to deal with the patient in an acute phase of alcoholism. At this stage the best that can be expected is to try to get the patient better physically; when his health is sufficiently improved he is ready to receive routine therapy by the unit.

At the first interview, at which a complete examination should be made, the general practitioner explains to the patient that is is in his own interests, and part and parcel of his treatment, to obtain the assistance and cooperation of his employer, if at all possible. It is also suggested that he get the cooperation of his Trade Union or Staff Association, should he belong to one or the other. The approach to these bodies is made by the worker himself. This at times is not so simple as it appears, for as yet not all the employers or Labour organizations in Industry are sympathetic or understand the problem. If a worker sometimes feels diffident about making the approach to the employer, then the doctor volunteers, with the patient's permission, to step into the breach, and acts as liaison in the matter.

After the examination is over, and a complete case-history has been taken, the practitioner can assess the amount of organic damage that his patient has suffered. Immediate medical treatment is instituted in an effort to repair the affected tissues. At the same time treatment is started that makes drinking an impossibility without extremely unpleasant and sometimes dangerous results to the patient, by the use of tetra-ethyl thiuram disulphide (Disulfiram, Cronetal I.C.I.). The patient is constantly warned of the dangers of drinking while under therapy, and to help him to resist the influence of well-meaning, but often derisive, friends he is supplied with an instruction and identity card giving warning that alcohol is dangerous to the patient under treatment.

The patient comes in daily for therapy under the supervision of the general practitioner. He is given his treatment by a qualified and fully-trained nurse, chosen especially for her sympathy and understanding of the problems confronting the alcoholic. This daily treatment serves a manifold purpose. For one thing the patient takes his Disulfiram under supervision. For another, daily contact enables the personnel of the unit to assess the progress of a patient, and makes it easier for the patient to approach the members of the unit should any problems arise, or should he at any stage require advice. The patient is also made to feel that he is welcome and wanted. This is an attempt at instilling the group theme, [7, 10] which is a necessary part of therapy.

In order to enable patients to come in daily, the rooms of the unit are open from 8.30 a.m. to 4.30 p.m. on weekdays, and 8.30 a.m. to 12.30 p.m. on Saturdays, with special arrangements for Sundays and public holidays.

Patients are encouraged to make a daily appointment suitable to themselves, and the unit then insists that the patient keeps to the appointment. This helps to prevent the waiting room from clogging up, and also assists the unit personnel by making them aware at once of missed appointments, thus enabling them to lose no time in contacting the patient and reminding him to to come in for treatment.

Such daily attendance is carried out for about 2 years or more, depending on various factors, and reports of other divisions of the unit. At certain times patients are less cooperative than at other times, and on these occasions the divisions of the unit cooperate to their fullest extent to contact the patient and try to bring him back into the fold for treatment. Here the cooperation of Management helps enormously because a little encouragement from the employer can often work wonders for a patient who is hovering on the brink of discontinuing treatment. Also, once again, the argument that alcoholism must be treated daily in the same way as the diabetic requires his daily injection of insulin, or the individual suffering from pernicious anaemia has injections throughout his life—assists the patient to review his case in a new light.

THE PSYCHOLOGICAL DIVISION

After the patient has commenced medical treatment, he is interviewed by the psychologist attached to the unit. The psychologist considers carefully the problems of the patient and their relation to alcoholism, and helps the patient to see his difficulties in a new light, and to cope with them and learn to live with them. The psychologist also encourages the patient to find and develop new hobbies in order to occupy and enjoy the time that he would normally use for drinking.

An important aspect of the psychological service is routine domiciliary visiting. These visits enable the psychologist to see the patient in his true normal home environment. One domiciliary visit often does more than numbers of room visits to make the psychologist aware of what domestic problems the patient has to face. In addition, the very act of unloading his troubles into a sympathetic ear, and receiving trained and unbiased advice, will often give the patient the little extra fillip he needs to help him in his treatment.

Closely bound up with the work of the psychologist, is that of the social relations officers—the welfare section. Many of the patients in the care of the unit cannot be reached by telephone, and it therefore becomes necessary to pay home visits to patients who have not attended the rooms on any particular day. To make these visits at home or to contact the patient at work, is one of the aspects of the work of the social relations officers.

The social relations officers are thoroughly familiar with the whole programme of the unit, and can discuss the various problems that arise in the course of treatment. They are chosen for their tact and understanding in their approach to their fellow men, for they must be able to judge in which way to approach each individual so as to obtain his maximum cooperation. The social relations officers, by regular domiciliary visits, also establish a close relationship with the patient, and in this way act as an extension of the psychological division. They also act as public relations officers whose duties are to be in touch with such organizations as Alcoholics Anonymous, about whose sterling work enough cannot be said. Wherever possible, we advocate a close association between patients and Alcoholics Anonymous, whom we have found most cooperative. In addition, the public relations officer interviews employers, Trade Unions and Staff Organizations (with the patient's permission) whenever this may be necessary, and may often act on behalf of the doctor as liaison.

Regular weekly conferences between the unit doctor, the sister-in-charge of the unit, the psychologist and the social relations officers, keep the various personnel of the unit in close touch with one another, and enables any problems that may arise in the course of treatment to be threshed out, and future policy decided on.

FINANCIAL COUNSELLING DIVISION

A basic problem to which many alcoholics confess, is that of financial difficulty—a difficulty which is becoming more frequent these days, owing to the high cost of living. Individuals, particularly those on fixed salaries, often find themselves unable to meet their obligations, and the chaotic state of finance brought about by indulgence in alcohol causes still more tension and puts further obstacles in the way of treatment.

To meet this difficulty, there is an 'Economic counselling division' attached to the unit. It does not lend money nor does it undertake to pay off the debts of its clients. It does, however, arrange its clients' financial affairs in such a way that the surplus salary, after payment of all essentials, such as rent, food, clothing, medical and travelling expenses, is distributed *pro rata* among the remaining creditors.

It contacts creditors and arranges for each creditor to accept a proportionate monthly share of the balance available for distribution. It is found necessary at times to approach hire-purchase creditors with a request for a reduction in the monthly hire-purchase payments. Firms are usually sympathetic and cooperative when they realize that an honest endeavour is being made to pay, and that the customer is not merely trying to dodge his commitments.

In extreme cases the debtor finds that his liabilities are so heavy that practically no surplus is left for creditors. An Administration Order is then applied for and a hearing arranged before a Magistrate. An attorney appears for the debtor. He explains his client's financial position to the Magistrate, who then makes an order for a monthly payment equal to the surplus available. As long as the amount is paid regularly into Court, creditors cannot take further action and thus aggravate the position of the debtor.

These arrangements provide satisfactory remedies for temporary financial difficulties of a domestic nature. The patient is not spoonfed, but is helped over his difficulties and shown how the momentum of this help can carry him along the rails to a self-sufficient, rehabilitated and perhaps alcohol-free future.

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